

Name: _____
(CFIs: as your name appears on your Flight Instructor Certificate – Please Print)

Mailing address: _____

City: _____ State: _____ Zip: _____

Hm phone: _____ Wk phone: _____

Fax: _____ Email: _____

CFI#: _____ Expiration date: _____

PAYMENT:

☐ Check enclosed (made payable to Idaho Division of Aeronautics)

☐ Credit Card: Name on card: _____ Exp Date: _____

Card #: _____

Please remit payment to:

Flight Instructor Refresher Clinic
Idaho Division of Aeronautics
3483 Rickenbacker St.
Boise, ID 83705